

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15081

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>JUNKLIN</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u> c. LENGTH OF STAY (In this place) <u>2-NRS-</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u> d. STREET ADDRESS (If rural, give location) <u>305-EMERSON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRVIN</u> b. (Middle) _____ c. (Last) <u>GLASGOW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9-1955</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 30-1903</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Reactor, Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drugs-</u>	
13a. FATHER'S NAME <u>M. E. Glasgow</u>		13b. MOTHER'S MAIDEN NAME <u>Murtha Glass</u>		14. NAME OF HUSBAND OR WIFE <u>Irene</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Glasgow Kennett, Mo</u>		18. ADDRESS <u>331 X</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-9</u> , 1955, to <u>5-9</u> , 1955, that I last saw the deceased alive on <u>5-9</u> , 1955, and that death occurred at <u>5:20 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. J. Dempsey</u>		23b. ADDRESS <u>Mo Kennett Mo</u>		23c. DATE SIGNED <u>5-10-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAY 11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Reactor, Ark</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard H. Kennett, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-10-55</u>		REGISTRAR'S SIGNATURE <u>Carl J. H. H. H.</u>		25. ADDRESS <u>Reactor, Ark</u>		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-16-55

COUNTY FILE NUMBER 555-130

Dec 26 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J. J. Johnson

Licensed Embalmer No. 2556

P. O. Address *Kennett, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.